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ANÆSTHETICS IN MIDWIFERY.

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AT a late meeting of the Norfolk (Mass.) District Medical Society, the subject of discussion being "*The extent to which anæsthetic agents should be used in midwifery*," Dr. COTTING, of Roxbury, made the following remarks:—

We restrict for the present discussion the term "anæsthetic agents" to those administered by inhalation, and whose powers have been but recently discovered.

The volatile substances which have been used as anæsthetic agents within the last ten or twelve years are—*ether* (sulphuric, so called), *chloric ether* (a tincture of chloroform), *chloroform*, and *amylene*. Others have been tried, but these have obtained the greatest number of advocates.

The various objections to ether, particularly its unpleasant odor and the large quantity required, led to the trial of chloric ether. This having been shown to be only a solution of chloroform in alcohol, the adoption of pure chloroform was a natural sequence. As chloroform proved to be a dangerous and often a deadly agent, a return to chloric ether followed on the part of a few surgeons. This agent subsequently proved fatal, and is now seldom heard of. A mixture of sulphuric ether and chloroform was at one time advocated by one of the claimants to the original discovery, but was never received with much favor. Two years since, Dr. Snow, of London, who made the administration of anæsthetics a "speciality," thought he had discovered in amylene (made by distilling fusel oil with chloride of zinc) an agent which would prove less objectionable than any previously tried, and quite as efficacious. He had already published several reports in its favor, when a fatal case occurring in his own hands checked further experiments therewith. A similar fate awaited its use in France. In this country it has not been tried to any great extent. We have administered it a few times with indifferent success. Had Dr. Snow lived, he would probably have soon laid it aside, if, indeed, he had not already done so.

On the continent of Europe, chloroform is the chief volatile anæsthetic made use of; and, to this day, ether, and America, as connected with the discovery of its anæsthetic powers, are almost entirely unknown or ignored. In England, also, until quite recently, chloroform has been employed almost exclusively. But the many deaths caused by it have at last induced some of the London surgeons to administer ether; and one author—Mr. Erichsen—has, in his recent work, become its partial advocate. The continued presence in Europe of the chief opponent to the use of chloroform, may have had some influence in effecting the change alluded to, and may yet be the means of inducing continental surgeons to recognize the advantages of ether, and to acknowledge more freely the claims of our country to the greatest discovery of the age.

It has been claimed for chloroform that "it is far more portable; more manageable and powerful; more agreeable to inhale; less exciting than ether; and gives us far greater control and command over the superinduction of the anæsthetic state." "On the other hand," says Dr. Hayward, *Surgical Reports*, p. 246, "it cannot be denied that fatal effects have followed its inhalation, even when administered by the most judicious hands, that in some cases convulsions have been produced, and in others great disturbance of the brain, causing delirium. In some persons this affection of the mind has continued several weeks." And, again: "scarcely a medical journal comes to us from Europe that does not add one or more to the melancholy catalogue. It is wonderful to me that intelligent and educated men should continue to use an agent of such terrific power. That its effects are oftentimes salutary, every one will admit; but that they are not infrequently deadly, no one can deny."—Ibid., p. 260.

Not far from a hundred deaths directly due to the inhalation of chloroform have now been reported. Many others have doubtless occurred; but, as in midwifery it is difficult oftentimes to estimate the relative importance of the attending circumstances, there is some doubt whether the whole evil has been made known to us. Fatal cases have happened in the practice of the most experienced, judicious and careful practitioners, and where the result could not be chargeable to the impurity of the agent, nor to the quantity inhaled. Indeed, the chief alarm arises from the fact that many of these deaths took place before any considerable quantity had been inhaled, and when the purest article had been used, and the greatest caution has been observed to secure its gradual administration. In some cases the fatal result has been almost instantaneous. There is no possibility of eliminating such cases. It may happen to one's first patient, or never through a long experience; but there are no means of previous discrimination. "Tenth or ten thousandth," the appalling risk is equally great in each untried case; and previous impunity will not insure subsequent safety.

We have said thus much because there is danger in the doctrine that the ill effects of chloroform result from the "impurity" of the article used, or the "want of due care" in administering it. This doctrine, so common abroad, has been quite recently advocated by a highly respectable practitioner in a neighboring State; and his "Paper" has been adopted by the State Society, and printed in their "Transactions." "Rashness" and "inexperience" are unseemly words from any one whose next case may, in spite of his experience and caution, cause him to implore a more charitable judgment of the cause of its fatal termination.

In Boston and vicinity, ether is the only anæsthetic the use of which is openly advocated by experienced practitioners. It has never been known to have proved fatal. The only reported case of death during its administration was shown to have arisen from other causes than its inhalation.

From these premises the conclusion is that *ether* (as in other cases) is the only anæsthetic agent which should be used to *any extent* in midwifery. The subject for discussion takes, therefore, the following form: the extent to which *ether* should be used in midwifery.

In our own individual experience in several hundred cases of normal labor, we have been led to observe—that only a very few patients were capable of taking just that amount which would deaden the acuteness of the suffering without at the same time diminishing the frequency and effectiveness of the uterine contractions—that generally, as suspension of consciousness approached, there was a marked and proportionally complete suspension of the expulsative efforts—that, with the greatest care possible under the circumstances, there was frequently more or less irritation of the air passages; often troublesome coughing; sometimes nausea and vomiting, attributable directly to the anæsthetic; also, occasionally strong tendencies to hysterical manifestations, which sometimes continued after the labor was over; with other minor inconveniences, such as unwonted impatience, jactitation, &c. &c.; so, also, instances, not a few, of subsequent retention of urine; as well as post-partum hæmorrhage from imperfect uterine contraction, apparently due to the same agent—that, although something was apparently gained by the occasionally greater relaxation of the organs, the duration of these labors was unmistakably longer than those of a similar character in which an anæsthetic was not used; and, in general, there seemed to be greater subsequent debility, and a slower getting up than was to have been expected—that we have never witnessed any undoubted evidence of subsequent *permanent* injury to the life or health of the mother or child arising from the use of ether during labor.

In abnormal cases—from a considerable experience in all the various operations from podalic version to craniotomy and other disintegration of the fœtus, both before and since the discovery of

these anæsthetics—our conclusion is that while the judicious use of ether immeasurably increases the ease, certainty and effectiveness of obstetric operations, the insensibility of the patient, when desirable, and her comparative safety, are benefits to be obtained through its administration whose value is beyond all estimation.

In puerperal convulsions, whether identical with uræmia, according to the latest theory, or otherwise, anæsthetics during the paroxyms seem to be supplanting what but yesterday was considered the only orthodox practice. The convulsions seemed to be completely controlled by the use of these agents in the few cases in which we have had occasion to administer them.

Such has been our private experience. We do not know that it is at variance with that of any observant practitioner. Whatever suggestions we may have gained from the reports and practice of others, it is not improper to say that we here advance nothing practical which has not been confirmed by personal observation, the results of which alone are suited to this occasion and the object of the present discussion.

Bearing in mind, then, that the great object of our art is the diminution of human suffering; and that in the economy of nature the pains of parturition may have some ultimate beneficial purpose; and further that, as sufficient time has not yet elapsed since the discovery of the anæsthetic powers of these agents to fully disclose all the consequent effects of their administration, much must be left in each individual case to the intelligence, judgment, and tact of the medical attendant—bearing all this in mind, we conclude with the following generalizations.

I. That in ordinary cases of midwifery, while *ether* may be allowed in moderation when importunately demanded by the patient, it is quite as well in the long run, to say the least, to let normal, uncomplicated labors proceed uninterfered with.

II. That in painful, laborious, or complicated labors, and in cases of great tenderness or great rigidity of the organs, of extraordinary susceptibility to pain, and where there is great nervous irritability, or undue apprehension of danger, ether, if favorably received, should be used to the extent of overcoming the abnormal condition and suffering.

III. That in cases requiring manual or instrumental interference, ether should be used to the same extent, and upon the same general principles as in other operations involving pain and danger to the patient.

IV. That in puerperal convulsions, especially in those having the characteristics of uræmic eclampsia, ether should be given as soon as there are indications of an approaching fit, and be continued, if seemingly efficacious, until the paroxysm has subsided and quiet sleep is induced; or until other medicine, if desirable, can be swallowed—care being taken to allow a sufficiently large quantity of pure air, and not to continue the ether if coma supervene.

V. That as all the volatile anæsthetics yet tried, except ether, have been known to cause severe accidents, and even instant death, though given with the greatest care by experienced practitioners, and this, too, before any considerable quantity had been inhaled—ether only should be used as an anæsthetic in midwifery. Ether, likewise, should be administered with the greatest caution, so that the safety of the patient may not be unnecessarily put at hazard.

FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 257.]

In addition to the mobility, crepitus and generally slight dislacement of the fragment, which are the principal signs of this fracture, it may be noticed that there is usually some embarrassment in the motions of the elbow-joint, which may be due in part to the swelling, and in part to the detachment of the point of bone from and around which most of the pronators and flexors of the forearm have their rise. In one instance, already quoted, that of the lad aged eleven years, who broke the epicondyle from a direct blow, the motions of pronation, with flexion, were not at all impaired, neither immediately nor at any subsequent period, but the fragment was never sensibly, or only very slightly, displaced.

Granger has recorded another class of symptoms, to which I have already alluded, his explanation of which, however, I am not prepared to admit. One of these cases he describes as follows. A boy, eight years old, fell with violence, and broke off completely the whole of the inner epicondyle of the right humerus. The lad said that he had fallen on his hand. The fragment was displaced toward the hand. Severe inflammation followed, but he recovered the free and entire use of the elbow-joint in less than three months after the accident. No splints or bandages were ever employed.

From the moment of the accident, the little finger, the inner side of the ring finger and the skin on the ulnar side of the hand, lost all sensation. The abductor minimi digiti and two contiguous muscles of the little finger were also paralyzed. This condition lasted eight or ten years, after which sensation and motion were gradually restored to these parts. As a consequence of this paralyzed condition of the ulnar nerve also, successive crops of vesications, about the size of a split horse-bean, commenced to form on the little finger and ulnar edge of the hand, some weeks after the accident, leaving troublesome excoriations. This eruption did not entirely cease for two or three months.

In two other cases, Mr. Granger remarks that he has found "the same paralysis of the small muscles of the little finger, the same loss of feeling in the integuments, and the same succession of crops of vesicles on the affected parts of the hand, as is described to have occurred in the preceding case."

Without intending to intimate a doubt of the accuracy of Mr. Granger's statement, that such phenomena have followed in three cases out of the five which he has seen, I must express my belief that it was only a remarkable concurrence of circumstances, since the same phenomena have never been seen by myself, nor do I know that they have been observed by any other surgeon.

Results.—As in all other accidents about the elbow-joint, a temporary rigidity is almost inevitable. The mere confinement of the arm in a flexed position is sufficient to determine this result without the interposition of a fracture, but when inflammation occurs, more or less contraction of the tendons, muscles, &c., about the joint must ensue. To this circumstance, therefore, added to the confinement, rather than to the fracture, will be due the anchylosis. If the fragment is not displaced, the fracture cannot certainly be responsible for the loss of motion, since it does not in any way involve the joint; and if displacement exists, its ultimate effect in diminishing the power of the muscles which arise from the apophysis must be only trivial and scarcely appreciable. We might, therefore, reasonably conclude that where the accident has been properly treated, permanent anchylosis would be the exception and not the rule. This view of the matter seems also to be sustained by the recorded results. In Granger's cases, the full range of flexion and extension of the forearm have been finally restored, or with so trifling an exception as not to be observable without close attention, in every instance; except in the one already mentioned, which was originally complicated with dislocation; and even in this case the ultimate maiming was inconsiderable. Malgaigne, who says "it ought to be understood that in this accident articular rigidity is almost inevitable," seems nevertheless to admit the justness of Granger's observations as to the final result, if the proper means are employed to prevent it. I have myself found only once any considerable impairment of the motions of the joint after the lapse of a few years.

Treatment.—This accident does not constitute an exception to the rule which experience has established, that apophyseal projections when once displaced can seldom be restored completely to position or maintained in position, until a bony union is consummated. Granger remarks: "I have purposely avoided saying one word about replacing the detached condyle (epicondyle), and for these reasons: during the state of tumefaction of the limb, no means could be adopted for confining the retracted condyle in its place, beyond that of the relaxation of the muscles; and both before the tumefaction has commenced, and after it has subsided, all endeavors to replace the condyle, or even to change the position of it, have failed." He even proceeds so far as to declare that, while attention ought to be given to the reduction of the inflammation by appropriate means, we ought, nevertheless, to instruct the patient to flex and extend the arm daily from the moment the accident oc-

curs until the cure is completed, and without any regard to the consolidation of the fragment; "the exercise of the joint in this manner must constitute the principal occupation of the patient for several weeks; and should it be remitted during the formation and consolidation of the callus, much of the benefit which may have been derived from this practice will be lost, and will with difficulty be regained."

With only slight qualifications I would adopt the advice of Mr. Granger. The limb ought always, at first, to be placed in a position of demiflexion, so that if anchylosis should unfortunately ensue, it should be in the condition which would render it most serviceable, and also because in this position the muscles which tend to displace the fragment would be most completely relaxed. While thus placed an attempt ought to be made, by seizing the apophysis, to restore it to position; and if the effort succeeds, as it certainly is not very likely to do, a compress and roller ought to be so applied as to maintain it in position; provided, always, that it shall not be found necessary to apply the roller so tight as to endanger the limb, or increase the inflammation. An angular splint would be an almost indispensable part of the appareil, at least with children, where this indication is in view. In no case, however, ought more than seven or fourteen days to elapse before all bandaging and splinting should be abandoned, and careful, but frequent flexion and extension be substituted.

§ 8. *Fractures of the External Epicondyle* (*Epi-condyle*, CHAUSSIER).

I have only mentioned this supposed fracture, of which some writers have spoken as a fact, in order that I may declare my conviction that its existence has never been made out. If we admit the possibility, that, while in a state of epiphysis, it might, like the corresponding internal epiphysis, be separated by muscular action, we must yet deny its probability, since it is so exceedingly small; and we must, for the same reason, be permitted to doubt whether the fact of its separation could be recognized in the living subject. Moreover, if a true fracture occurs at this point as the result of external violence, it is sufficiently plain, from an examination of the anatomical structure, that it must more or less extend into the joint and involve the condyle itself.

§ 9. *Fractures of the Internal Condyle* (*Trochlea*, CHAUSSIER).

B. Cooper, South, Sir Astley Cooper and others, speak of fractures of the internal condyle as very common, and more so than fractures of the external condyle, while Malgaigne, who admits its existence, has never met with a single living example, and regards its occurrence as exceedingly rare. In a record of fourteen fractures I have found no difficulty in recognizing four as fractures of the inner condyle; five, I have already said, were fractures of the epicondyle, and the remaining five were undetermined, while my records furnish fourteen examples of undoubted fractures of the

external condyle. It is probable that Sir Astley did not intend to make any distinction between fractures of the condyle and epicondyle, and this might explain somewhat his opinion of the relative frequency of these accidents; but even rejecting this important distinction, it has happened to me to see just as many examples of fracture of the outer condyle as of the inner.

Causes.—It has already been stated that fractures of the internal condyle, as well as fractures of the epicondyle, belong almost exclusively to infancy and childhood, no instance having come under my notice after the eighteenth year of life, except in the person of a man 34 years old, whose case I have mentioned when speaking of fracture of the epicondyle.

I have seen no instance which could be traced to any other cause than a direct blow, such as a fall upon the elbow, the force of the concussion being received directly upon the condyle.

Lonsdale speaks of fractures of the condyles occasioned by falls upon the hands; but without intending to question their possibility, I will state frankly that they seem to me not to have been satisfactorily proved.

Line of Fracture, Displacement, Symptoms. The direction of the line of fracture is tolerably uniform, namely, commencing about one quarter or half an inch above the epicondyle, it extends obliquely outward through the olecranon and coronoid fossæ, and enters the joint through the centre of the trochlea.

Displacement of the lower fragment can take place only in a direction upward, backward, forward and inward (to the ulnar side). The fragment cannot be carried downward, in the direction of the hand, nor outward, in the direction of the radius, unless the radius also is broken or dislocated.

The most common form of displacement is upward and backward, and perhaps at the same time a little inward; the ulna remaining attached to the lower fragment, and following its movements. I have seen one instance in which the fragment was carried directly downward toward the hand, but this accident was originally complicated with a dislocation of the radius backward. The dislocation was immediately reduced. Five years after, when the young man was 23 years old, I found the condyle displaced downward and forward about half an inch, so that when the forearm was extended it became strikingly deflected to the radial side.

The symptoms which characterize this fracture are crepitus, almost always easily detected; mobility of the fragment, discovered especially by seizing upon the epicondyle, or by flexing and extending the arm; displacement of the smaller fragment and a projection of the olecranon process, this latter being very marked when the forearm is extended upon the arm, but almost completely disappearing when the elbow is bent; projection of the lower end of the humerus in front when the arm is extended; the humerus

shortened when measured along its ulnar side, from the internal epicondyle; the breadth of the humerus, through its condyles, generally increased slightly, sometimes half an inch or more; if the lesser fragment is carried upward, it will also be found that when the limb is extended, the forearm will be deflected to the ulnar side.

Sir Astley Cooper remarks that it is frequently mistaken for a dislocation; and Thomas M. Markoe, of New York, has shown that it is, in fact, frequently complicated with a dislocation of the head of the radius backward; indeed, he expresses a belief that this dislocation of the radius seldom or never occurs without a fracture of the internal condyle.* I shall refer to his views again when considering dislocations of the head of the radius.

Results.—It is probable that in a majority of cases no permanent displacement exists; although the irregularity of the bony deposits around the base of the condyle, which generally may be easily felt, would lead to a contrary opinion. The fact that the lower fragment usually follows the motions of the olecranon, renders its replacement and retention comparatively easy, unless some complication exists. It is not from displacement, therefore, so much as from permanent muscular, and especially bony anchylosis, that serious maimings so often result. Under any treatment bony anchylosis will very often ensue, and under improper treatment it is almost inevitable.

Treatment.—The arm must be immediately flexed to nearly or quite a right angle, when, without much manipulation, the fragments will be made to resume their place. A gutta percha, right-angled splint, such as I have already directed for fractures occurring just above the condyles, well and carefully cushioned, must now be applied, and secured by rollers. Suitable pads must also aid the splint and roller, in keeping the fragments in place. Markoe prefers keeping the forearm in a position about ten degrees short of a right angle, believing that in this position the ulna itself will act as a splint, and by its support on the uninjured portion of the trochlea, hold in its place the broken condyle. Very properly, also, he prefers to lay the angular splint, made of tin and fitted to the arm and forearm, upon the back of the limb instead of upon the front or sides. If it is upon the inside, it covers the broken condyle, and we are unable to know so well its position; if upon either side, it is apt to press injuriously upon the epicondyles; and if it is in front, the fragments cannot be so well adjusted or supported. Upon this point, however, surgeons are not very well agreed, and no doubt more will depend upon the care with which the splint is applied than upon the surface to which it is applied.

Considerable swelling is almost certain to follow, and no surgeon ought to hazard the chances of vesications, ulcerations, &c.,

* Markoe. New York Journal of Medicine, May, 1855, p. 382, second series, vol. xiv.

by neglecting to open or completely remove the dressings every day. Within seven days, and perhaps earlier, passive motion must be commenced, and perseveringly employed from day to day until the cure is accomplished; indeed, in a majority of cases it is better not to resume the use of splints after this period: for although at this time no bony union has taken place, yet the effusions have somewhat steadied the fragments, and the danger of displacement is lessened, while the prevention of anchylosis demands very easy and continued motion.

When the fracture is compound, or otherwise complicated, these simple rules will seldom be found applicable; indeed, fractures attended with no such complications will occasionally be found difficult to reduce, or to maintain in position after reduction.

[To be concluded.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 25th.—*Membranous Croup; Tracheotomy; Reformation of the Membrane; Death.* The following history of the case was furnished by Dr. Faulkner, the attending physician, and read by Dr. Gay.

Sunday, Oct. 31st, 10 o'clock, P.M. Lucy T. W., æt. 9, has had a cold for more than a week; has been in the house one day; became very hoarse yesterday; has some cough; says her throat is very sore; looks sick and anxious; the tongue is much coated and white. The uvula and palate appear swollen, the tonsils are enlarged; each has on its inner surface a circumscribed, oblong, white patch. There is no croupy breathing. Complains of "phlegm" in her throat. The sputa are very viscid. Pulse 120. At 6, P.M., has *decided* croupy symptoms, and labors very hard in her breathing. An emetic gave her most entire relief. She slept quietly as an infant for two hours. The sputa became somewhat bloody.

Monday, 11, A.M.—Very comfortable, considering her situation. Says "her throat is not sore now." The pulse and tongue were as yesterday, the throat less swollen, the tonsils about the same. Has coughed somewhat and been rather restless. There is no croupy breathing. The sputa are somewhat rusty. She still seems sick. Nothing can be determined by auscultation. 7, P.M.—Has had a good day; is easy and comfortable. Her general appearance is about the same, and she says that her throat is better.

Tuesday, 9, A.M.—Is breathing very badly; the countenance is somewhat livid. It is undoubtedly membranous croup. The sounds are very moist. An emetic gave no relief. Dover's powder was given, the throat cauterized with nitrate of silver and steamed. By 11 o'clock, two pieces of membrane were thrown up with but little relief. At 1, P.M., Dr. J. Ware saw her. The treatment was continued. At 2½, P.M., Dr. H. I. Bowditch saw her. She slept badly till 3½ o'clock, when, after a terrible paroxysm of coughing, she expectorated a piece of membrane three inches long, and perfectly tubular for an

inch and a half. The relief was immediate, and as great as on Sunday evening. Was there any membrane raised then? The pulse became 112. She is in fine spirits and says, "*I am well now, mother.*" After three hours of relief the breathing again became troubled. At 9, P.M., she is quite restless. Nitrate of silver affords no relief. The symptoms generally are worse. At 11½, P.M., I saw her in consultation with Dr. F. The patient had all the symptoms of confirmed croup. The cough was dry, feeble and hoarse, and at times seemed as if coming through a metallic tube. Occasionally she would place her hand upon the larynx, and whisper that something was there that she wanted to get away, and, after a severe paroxysm of coughing, would raise some long, firm pieces of membrane, and some small pieces that were soft and like porridge. A slight temporary relief would then be felt by the patient. At times the cough reminded me strongly of the crowing of a bantam cock.

The voice was in a whisper, and constantly becoming fainter. The swallowing was much easier than it had been. There was not any pain about the larynx, but rather an uncomfortable feeling. The respiration was hurried, labored and hoarse, and attended with great muscular exertion about the neck, chest and region of the shoulders. Inspiration was noisy. The expectoration was both viscid and membranous.

At times she was very restless, tossing her head about in different directions and positions.

There was but little fever, no fœtor of breath, nor glandular swelling about the neck.

As she had expectorated, within a few hours, a large quantity of membrane, it was thought prudent to wait a short time and give her a chance of expelling more.

At 5, A.M., on Wednesday, as all the symptoms were growing worse, and as the countenance was distressed, the eyes staring and wild, the nostrils dilated, and as there had been no expectoration for some time, it was decided to operate immediately.

Tracheotomy, at 5½, A.M. The patient was etherized, and the operation was performed with the assistance of Drs. Faulkner and Seaverns. When the trachea was opened, there was an expulsion of very viscid mucus, patches of membrane, and a bloody fluid. The mucous surface of the trachea was reddened, but there was no membrane seen. A short time after the tube was inserted, the relief was great and decided. She became perfectly calm and quiet. The respiration was easy and natural. The lungs acted and sounded well. The pulse was 120—before the operation it was 160. Respiration 28 per minute. She slept much and without restlessness. At times expelled through the tube large pieces of membrane. Saw her again between 4 and 5, P.M., in company with Dr. Ware. She then appeared very comfortable. The countenance was bright, the skin nearly natural. Pulse 120. Respiration remarkably quiet and easy, and when she was spoken to she smiled and nodded that she was much better. Nothing at all out of the way could be detected by auscultation. Every symptom seemed encouraging. She continued in this condition till 9, P.M., when her breathing became hurried and husky, and she was agitated. She rested rather better after taking a Dover's powder till midnight, when all the croupy symptoms returned with increased severity, and she slowly failed and died at ten minutes before twelve, on Thursday,

thirty hours after the operation. She died apparently very easy and without distress.

Sectio Cadaveris—at 5, P. M. of the same day. On removing the sternum, the lungs rose up above the level of the chest, fully distended with air, and without any sign of collapse at any part. They looked healthy, and were of a pinkish color. On drawing out the whole of the right lung, it was found of the same color throughout, except along the posterior dependent portions, where the color was purplish from the gravitation of the blood. There was crepitation throughout the lung. Frothy mucus escaped wherever a section was made. There was no appearance of pneumonia. No membrane was found except in the neighborhood of the main bronchus, just after its division from the trachea. Some of the smaller bronchial ramifications had the mucous membrane more or less injected. On removing the left lung, the same healthy color was seen, except along the dependent portions, and along the inferior portion of the upper lobe which was hepatized. The part inflamed was three inches long and an inch and a half wide. The rest of the lung crepitated. Most of the bronchial ramifications, even the minute ones particularly in the hepatized portion, were filled with a complete tubular membrane. The mucous surface beneath was much inflamed; the membrane separated very easily. The larynx and trachea to the bifurcation were then divided longitudinally along the posterior portion. At the operation, the fifth, sixth, seventh and eighth rings were incised. The greater portion of the membrane was formed after the operation; at any rate, that above the tube and around the opening was. Below the opening of the trachea made at the operation, the membrane was thick and tubular, extending, as mentioned above, below the bifurcation. It was easily separated from the mucous membrane throughout, and showed prominently on the posterior surface the longitudinal ribs and furrows which were moulded on the tracheal mucous membrane. The mucous membrane was thickened, and of a dark-red color.

Before the operation, air passed through the glottis; at the examination, the portion between the upper surface of the tube and the glottis was occupied by a *round, solid cord of membrane*, without the smallest canal through it. There was no air passing, and the membrane solidified into a solid cord in place of a tube, as would have resulted if there had been a passage of air.

It would be an interesting point to know when the membrane reformed after the separation. None was seen in the trachea at the time of the operation, and it will be remembered how easy and comfortable she was for sixteen hours. This cord was easily separated from the mucous membrane which was *white*, and not inflamed, bearing a strong contrast with the mucous membrane of the lower part of the trachea and bronchi.

The interior and ventricles of the larynx, and laryngeal surface of the epiglottis, were lined with strongly adherent membrane, more yellowish than the rest, at some points ragged and rough. At a hasty glance it might be said there was ulceration. However, the mucous membrane was entire, and without ulceration at any point. Patient had been a healthy child, was seldom sick, and never had any pulmonary disease.

Her little brother, five years old, died in February, 1852, of the

same disease. His physician first saw him at noon, and at midnight he was dead.

Oct. 25th.—*Decidua thrown off in Menstruation.* Dr. Jackson showed two portions of membrane, each about as large as the finger nail. He had received them lately from Dr. Locke, of Nashua, N. H., with the following history of the case.

The patient was about 35 years of age, and had been several years married, but had never conceived, so far as she was aware. During the last year or more she had several times discharged, during menstruation, portions of membrane similar to those now shown, with moderate pain, but not enough to characterize the case as one of dysmenorrhœa. Dr. J. said, that having seen a well-marked decidua in perhaps three or four women who had died during menstruation, he regarded this as a case in which that membrane had been thrown off as it is in a common abortion. The specimen was afterward examined microscopically by Dr. Ellis, as one or two of the others had been, that were sent to him by Dr. Locke, and the case was settled beyond question.

Dr. J. was not aware, when he examined this specimen, that the occurrence of such a discharge during menstruation was a well-established fact in medical science; and certainly no specimen had ever been shown to the Society, nor any case ever before reported, so far as he knew. Dr. Putnam had, however, referred him to a French authority for the fact, which seemed to be known to other members of the Society. At the next meeting Dr. J. quoted from an article by Dr. Farre, in the last number of Todd's *Cyclopœdia of Anatomy and Physiology*, which had been shown to him by Dr. Jeffries Wyman, and in which it is stated that the entire uterine lining is not infrequently discharged, and presents all the characteristics of a true decidual structure; much suffering attending the discharge, as might be expected, though the case above reported formed an exception.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

West Cambridge, July 21st, 1858.

The Society held a meeting at the house of Dr. R. L. Hodgdon, honorary member.

Dr. Truman Rickard read the following paper upon the *Inhalation of the Sweet Spirits of Nitre.*

Medicated inhalation has been one of the many means resorted to by pretenders, for the cure of incurable diseases. It has been an excellent means of drawing in those who are ever glad to adopt new measures and new remedies, without taking into account whether the so-called inventors are worthy the least confidence. But, the man who will promise to cure consumption, that dreaded scourge of the human race, will have patients enough, even if he does not make good his wonderful statements. Medicated inhalation has had its praises sounded by interested persons, as the sure means of curing all the ills that ever befal the throat and lungs, and that, too, with a certainty, not less than was that of the philosopher's stone in its powers of transmutation. No wonder the regular profession has looked upon inhalation with distrust, especially when there is taken into account who the men are that employ it exclusively, with the most pompous pretensions. After all, even inhalation may possess some value, and

it is perfectly proper for us to employ any honorable and lawful means for the benefit of our patients.

It will be recollected, that at a meeting of this Society, held at the house of Dr. Cutter, some two years since, the subject of inhalation was introduced. Dr. Bowditch was present, and made some interesting statements, based upon his own experience. He mentioned the good results he had derived from using the vapor of the sweet spirits of nitre by inhalation. He employed it by means of a very simple instrument, made by himself, consisting of a common, wide-mouthed bottle, and two tobacco pipes.

Case I.—A young lady, a school teacher, who was boarding in my family, came down stairs, hoarse from the effects of a cold, and with a sore throat, unable to speak aloud. I immediately prepared an inhaler, and directed her to use it fifteen minutes at a time, three or four times during the day. The next day she was able to resume her duties in the school-room.

Case II.—The next patient for whom I advised inhalation was a gentlemen suffering from follicular disease of the fauces, together with hepatic derangement. His cough was troublesome, and he was much debilitated. The vapor of the sweet spirits of nitre would allay the irritation of his throat and quiet his cough in a short time. But if he allowed a day to pass without using it, he was not as well. Upon adding a small quantity of the tincture of iodine, it was found to irritate the throat, while the nitre alone soothed it. Remedies were employed to correct the hepatic derangement.

Case III. was a lad about 12 years of age. He took a severe cold, which was succeeded by a cough, troublesome, and depriving him of rest. Upon examination, the throat was found very much irritated. The inhalation of nitre acted like a charm, quieting the cough and producing refreshing sleep. He recovered speedily.

Case IV. was a young married lady. Found her with a mahogany-colored throat—cough troublesome, &c. The vapor of nitre irritated her throat and made it worse. She recovered under the use of soothing gargles, and cold water dressing.

Case V. was from a cold, with a similar state of the throat. The inhalation quieted the cough and secured sleep, though it did not cure the patient.

I have tried the article myself with a good result. From these cases it would seem that good can be derived from inhalation of this vapor. Other articles, perhaps, would produce more permanent results. It is something to be able to quiet a troublesome cough, even if a cure is not effected. Many a patient will thank us for even this, and a good night's rest. From what I have seen, I am derious that others should try inhalation—that, if valuable, it may be wrested from the hands of quackery, and become a part of regular, legitimate medical practice.

Dr. Chapin remarked that he had for years employed inhalation. He has used the nitric ether. He found the addition of iodine valuable. Laudanum and warm water he liked very much. Inhalation has often failed with him.

Dr. Underwood had long experience with inhalation. Having a difficulty in his own throat, he had never found anything so efficacious as the vapor of a solution of sulphate of morphia and common vinegar, raised by sprinkling upon a hot brick.

Dr. B. Cutter had long derived advantage in tonsillitis from the inhalation of vinegar vapor. His apparatus consisted of a teacupful of vinegar, placed in a bowl, a hot stone or coal to drop in the vinegar, and an inverted funnel to cover the bowl.

Dr. Ingalls had used inhalation with and without success. He could not tell how to distinguish the elements of success. In hoarseness capsicum was very satisfactory. For instance: a school-teacher, on the forenoon of examination day, being very hoarse, applied to him for relief. No lesion of the throat could be detected. A drop of the concentrated tincture of capsicum, in a fluid drachm of water, cured the case.

Dr. E. Cutter did not have much confidence in inhalation. Tinctures of lupulin, hyoscyamus, conium and opium and the nitric ether had formed the basis of his mixtures. The chief objection lay in the vehicle. Alcohol is too stimulating, ether too much an anæsthetic, water not volatile enough at ordinary temperatures, &c. Whenever the right basis was found, then this mode of administration might prove invaluable.

Hypophosphites of Soda, Lime, &c.—Dr. Toothaker was using them in a marked case of phthisis, with a favorable operation. He stated that Dr. Stevens, of Stoneham, largely employed them, to all appearance with good effect. Dr. S. was strongly in favor of them. In Dr. Toothaker's case, cod-liver oil was used in conjunction. Most of the gentlemen present had used, but spoke doubtfully of the hypophosphites.

The inquiry was made whether a consumptive had, in changing residence, better go to the seashore or country. The majority decided in favor of the country.

On motion of Dr. Chapin, Jonas C. Harris, M.D., of West Cambridge, was elected an honorary member.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 9, 1858.

"THE LUNGS OF BOSTON."

The respiration of cities is fully as worthy of attention as that of individuals of the human family. Indeed, the normal condition of the one involves and implies that of the other. They are wise "City Fathers" who look carefully to the "lungs" of their charge, as well as to its external cleanliness, and to the purity and proper management of its intestinal condition—by which latter, of course, we mean its sewers and drains—especially, of late, those at the West End.

That is the most short-sighted policy possible, which regards solely the coinage of hard money out of every available portion of City land, or of such land as by any management can be made municipal property, and be turned to such uses as any and every Board of Aldermen may, in its wisdom, or folly, decide upon. It is true that money may thus be made—nothing is clearer—but it is literally by the transmutation of flesh and blood into dollars. Does any one ask how? Simply by lowering the standard of popular health—in other words, by eviscerating

the city of its "lungs." What is the effect of cramping the chest of an able-bodied man—of shutting him up in confined quarters, and making him stoop over some sedentary occupation? Take the man who is a shoemaker by trade—he makes money, usually, as he sits hour after hour, and day after day, and year after year, over his unhealthy work—cobbling, by daylight and by lamplight—in a close shop—stooping and pegging and sewing, and *breathing what?* An apology for air—a respired and re-respired fluid, redolent of lamp-smoke and the fumes of burnt leather! What the man so circumstanced is to the jolly farmer, who draws into his rejoicing lungs the pure air of heaven, and feels and works like a man, such is the stifled, "cribbed, cabined and confined" town or city whose "lungs" are squeezed out of it by the spirit of speculation and money-getting, compared to the freely-ventilated, fully-respiring, eye-delighting place which has "lungs" and uses them, or rather bestows their benefits upon its fortunate inhabitants.

What would mammoth London be without its pulmonary organs—its magnificent and always thronged parks? What its gay neighbor, Paris, were its "lungs" torn out of its graceful body? Imagine either of these great emporiums built up compactly—how would their denizens gasp for the breath of life. It is not too much to say, that in addition to the physical discomfort which would accrue from such a misfortune, the intellectual and moral state of the inhabitants would sink in like proportion. If we are told that morality is not, now, very flourishing in either of the great cities we have mentioned, we admit the fact, but urge our own assertion as equally true—there would be to "every deep, a lower deep."

But let us come to the main subject at issue, and which we have taken as the caption to the present article—"The Lungs of Boston." This is the very appropriate heading of a spirited editorial article in the *Boston Daily Traveller*, of November 29th, which we read with great satisfaction. We are heartily glad to see that the press generally is looking at this important matter in its true light. There can be but one opinion in the minds of right-thinking and candid men, about our public grounds. Whilst we rejoice, with the *Traveller*, that "Boston Common" is beyond the reach of that vandalism which would turn every foot of its green turf into "red," or dirty yellow, gold—we hold that every citizen should lend his influence, whether it be large or small, toward preventing the nearly as odious procedure of converting the "Public Garden" into house lots. It does not seem to us that the step can ever be permitted. Were it resolved upon, and a vote even passed, by the insanity of any temporary officials, the voice, and we believe the *hands* of an indignant people would oppose, effectively, the execution of the unworthy project.

We take the opportunity to transfer to our pages sundry paragraphs from the article in the *Traveller* to which we have alluded; and we commend to the timely notice of the "Committee on Streets" the pertinent inquiries of a citizen of Ward Six, in the *Transcript* of December 3d, 1858. This correspondent seems to think it well (and we agree with him) that voters should know the names of the members of said Committee, who allege as the reason for not acting, this season, in reference to the running a street through the Public Garden, that it is too late—and they have not the time, this year, &c. &c. Now, if they have the *inclination* at present, and are merely waiting

for the *time*, another season, we think they had better be denied the *opportunity* of acting.

Hear a few words from the *Traveller*:—And, in making our extracts, we endorse all it says about keeping "the apothecary and the sexton"—we will even add, *the doctor*—at a distance!

"Tried merely by the dollars-and-cents principle, the Public Garden is undoubtedly worse than valueless. It not only yields nothing, but it costs something. It costs a great deal in a certain sense, and it might be the source of a large revenue, and we should count all that we might gain from it, but do not, if we were only to cover it with four-story houses. But it must be looked at from another point of view, if we would come to a just conclusion as to what purpose such places as the Common and Public Garden serve in that comprehensive economy which it is now customary to think of when governmental measures are recommended. These two places are *the lungs of Boston*, and their permanent existence, liberal maintenance and thorough culture are as necessary to the general good as the Cochituate water works, the fire department, the lights of the streets, or any of the rest of those things which are kept up at the common charge for the welfare of all. They are sanitary institutions, and help us to maintain the fight against the apothecary and the sexton, excellent and useful men, no doubt, but whom we all like to keep at a distance. Well has it been said, that 'the prime essentials to human existence, in crowded cities, are pure water, pure air, thorough drainage, and thorough ventilation—which last are only applications of the water and the air—and last, though by no means least in importance, the facility of taking exercise within a convenient distance. Thus, every city has its public pulmonary organs—its instruments of popular respiration—as essential to the mass of the citizens as is to individuals the air they breathe.' The 'public pulmonary organs' of Boston are the Common and the Public Garden, and in keeping them up, and in good order, we obey the teachings of philosophy and of common sense, whatever may be the ideas of men who can attach value to no land that produces no rent. We follow the example, too, of the leading civic communities of the world, all of which aim to do all that they can to promote 'popular respiration,' and do not think it the part of wisdom to seek to stifle the people. Look at what the Londoners have in the shape of parks, and of which they are as proud as they are of their city being called 'the Royal Exchange of the world.' There is Regent's Park, created in the present century, with its 543 acres of the most valuable land on the earth, and alone nearly twelve times as large as our Common. There is Hyde Park, with its 400 acres, or thereabout; and St. James's Park, another noble area; and there are Kensington Gardens; and there is the Green Park, small but lovely. These parks extend for miles, and land is so very valuable in London that the fourteen or fifteen hundred acres they embrace are 'worth,' for building purposes alone, a sum that would buy the fee simple of Aladdin's cave, genii, lamp, and ring included, not to mention the roc's egg that Aladdin couldn't get. Why don't the English sell these 'fat acres,' and apply the proceeds to the creation of a real sinking fund for the extinction of the national debt? Perhaps they'll do so when Mr. John Bright shall be Premier, and Mr. Cobden shall represent England at the Czar's Court—but not before that time. So absurdly did the English act, according to the estimation of some of our economists, that, no longer ago than 1811, Regent's Park was resolved upon; and even the tory government of that day, when considering what should be done with the lands that then fell in, in consequence of the expiration of leases, directed the persons to whom the subject was committed 'always to have in view the beauty of the metropolis, and the health and convenience of the public.' Why didn't they sell the lands, seeing that there were already a thousand acres of park lands in the metropolis? Perhaps they would have done so if they had had the advantage of studying under some of those economists of which Boston has always had a liberal supply, and in whose eyes a dollar is nothing but one hundred cents, and every acre of land, including graveyards, the representative of so many 'piles' of dollars. Other European cities have imitated London, or rather they have done the same thing, without thinking of imitation, but governed by that ordinary sense which should ever prevail in the management of af-

fairs. The King's Park of Edinburgh, the Phœnix Park of Dublin, the Gardens of the Tuileries and Elysian Fields of Paris, Rome's Corso, the Prado of Madrid, the Prater of Vienna, and numerous other places of continental Europe, all speak of the wisdom of man, and his love of natural beauties in the midst of artificial life, that remnant of his original poetry which still exists so many ages after the loss of Eden. There is no more thorough evidence of the progress of civilization, in its true sense, than is afforded by these endeavors of cities to procure easy respiration for the masses of their citizens. * * * * * The 'common people' will breathe in masses, and demand that their air shall be not only abundant, but of undeniably excellent quality. They are right; and they are right, also, in demanding that it shall come to them, instead of their being required to go to it. The rich, and even many of the middling classes, can go into the country when they please; but it is not so with those who constitute *the people*, the beings who make our houses, build our ships, pave our streets, and perform all the rougher portions of the industry of society, and whose intelligence and acuteness place them on the moral level of their so-called 'betters,' which they are not, save in the one fact (certainly not an unimportant one, either) of their names figuring in the Golden Book of the Nobility of Mammon. The people must have public places beyond the streets and squares, and they have a right to demand them, for is it not their labor that pays for all, when you have reduced things to their last analysis? It is for them that parks, and commons, and public gardens, and all such institutions, exist, and should exist everlastingly."

With the present prospects of our city, it is more than ever imperative upon its government to maintain the freedom of the Public Garden. Shortly, the large area known as the Back Bay Lands will be built upon; and before a very long time a dense population will occupy this now open space. Is it not evident to every one that we shall then peculiarly need the "*Lungs of Boston*"?

OCCASIONAL DISCHARGES OF LIQUOR AMNII FOR SEVERAL MONTHS PRECEDING DELIVERY.

Messrs. Editors,—Will you allow an occasional correspondent to ask through your pages an explanation of those cases in which the above discharges are reported to have taken place? Sundry cases are mentioned in recent periodicals, but without any satisfactory statement as to the origin of these evacuations: and when it is remembered that the operation of puncturing the membranes is generally believed to be soon followed by delivery, it is difficult to admit that the cases referred to are genuine. An "expert" in midwifery states that he has known the waters evacuated with a corresponding subsidence of the abdominal swelling, and that new waters have been secreted, with a return of the enlargement, allowing the patient to escape premature confinement. This does not satisfy Inquirer, who is induced to this query by the subjoined case in his practice.

A few weeks since, a gentleman stated that his wife felt very uncomfortably about her expected labor, especially as she experienced some strange phenomena. The upshot of the matter was, that during the past four months she had had discharges from the vagina, of water, having the odor of liquor amnii, and sometimes slightly tinged with blood. These evacuations, estimated at more than twenty in number, were involuntary, and took place generally when the patient felt nervous; often saturating her clothes, while she was conversing with her family. She was fully persuaded that the liquid was not urine. This patient was recently confined at the commencement of the ninth month: the waters gushed out a few hours after the first sensations of labor, and were soon followed by the expulsion of a well-formed child, though weighing somewhat less than four pounds. Mother and infant are doing well. Inquirer.

MONSTROSITY.

We copy from a newspaper the following description of a monstrosity, which is somewhat similar to one exhibited in this city some years ago, and described in the number of this Journal for May 17, 1855.

"Freak of Nature.—The Nashville (Tenn.) *Banner* tells of a rare lusus naturæ in possession of a Mr. Vestal, of that city. It is a girl who has four legs and feet, and two heads, four arms, and the upper parts of two bodies, perfectly formed, with the exception that the heart of one of these bodies is in the right side instead of the left; but though it is double as to its heads, arms and legs, yet in its spinal and pelvic arrangements it is one. Its two heads are very intelligent and answer and sing together. In answering questions asked by any one, both answer together and in the same words, or, if different questions are asked, each answers differently. In walking, the girl uses two or four legs, whichever happens to be most convenient. In eating she uses both mouths, though it is supposed that one would answer the purpose as well, as there is but one set of digestive organs. It is the most remarkable creature we have ever seen. It is more wonderful than the Siamese twins—they were two persons joined together by a membrane. This girl is two persons with one body—*duality in unity*. She is called Christine Milly, and her mother is a slave."

Cannot some of our brethren at Nashville give us a particular description of this remarkable case?

Ascarides.—A correspondent requests us to publish in the Journal any remedy we know of which is "sure pop" against *pin worms*. We regret to say that we know of no infallible means of getting rid of these troublesome parasites, which often persist for years, after the most persevering efforts to expel them. The method we should recommend as most likely to effect relief, is an injection of salt and water, with perhaps the addition of oil and soft soap, every night, and an occasional saline purgative. We have seen the injection of a weak solution of nitrate of silver highly praised, and this seems likely to be beneficial.

Lallemand's Porte-Caustic broken in the Urethra.—Dr. A. H. Buchanan related to the Nashville Medical Society (September 1, 1858), the case of a young man who was in the habit of introducing Lallemand's instrument for the purpose of cauterizing the urethra, and had the mishap to break off that portion of the instrument which holds the caustic, into the bladder. At the time, the caustic-holder was pretty well filled with nitrate of silver. He, soon after the accident, was seen by Dr. B., who made some efforts with instruments to abstract the foreign body, but without success. He then advised the young man to return home, and, after some little time, to retain his urine until his bladder was uncomfortably full, and then get into a bath of warm water, on his hands and knees, and with considerable effort evacuate the bladder. The patient, feeling some anxiety about the matter, set about carrying out the orders immediately on his arrival at home, and, to his great relief of mind, succeeded in voiding the caustic-holder. Dr. B. stated that he had suffered no material inconvenience from the presence of the caustic in the bladder, which may have been as much as twenty grains.—*Nashville Monthly Record.*

In the United States, the consumption of coffee is eight times as great as in Great Britain, and probably the consumption of beer in Great Britain is eight times as great as in the U. States.—*Lond. Lan.*

M. GROUX, celebrated as the subject of a remarkable congenital fissure of the sternum, is now in Boston, and the result of the examinations which may be made of him will be given in the JOURNAL hereafter.

Quackery in Paris.—There is now at Paris a negro who carries everything before him as a quack doctor. He is a fine man of his race, covered with trinkets and diamonds, displaying great wealth in house, carriages, &c. &c., and obtains the most fabulous fees from the easily-gulled Parisians. Amongst his various feats, *L'Union Médicale* relates the following. He was sent for the other day into a very rich family, where a lady had for years suffered from very obstinate recurrence of fibrous tumors about various parts of the body. The best surgeons of Paris had failed in arresting the disease, and recourse was naturally had to wild systems of medicine; all these, however, including homœopathy, were powerless. Magnetism, necromancy, &c. &c., had their turn, but nothing succeeded. At last, the negro's turn came. When he had cursorily examined the patient, he exclaimed, "this lady is curable, and I shall get her well in fourteen days." "Well, then," said the husband, "undertake the case at once." "My fee is £800; £240 is to be paid at once, and £40 on every other visit." Much demur was made to such a demand; but as the quack threatened to leave the lady to her fate, he was allowed to pocket the £240, and has begun the treatment. The result is not known, but may easily be guessed at.—*Druggists' Circular.*

Ulcers and Cauterizations of the Neck of the Womb.—"I admire," says M. Velpeau, "the profusion of authors in the classification of these ulcers; they admit scorbutic, scrofulous, herpetic, &c. &c. ulcerations. This is all confusion; for most assuredly they take for ulceration what is nothing else than a slight softening of the neck, with developments of granulations and superficial excoriations. Do not fall into the excesses of certain practitioners, who cauterize during the whole year without relaxation, and are then surprised at their want of success. Cauterizationss with red-hot iron do not seem to me to merit the praises bestowed upon them. Their success is founded as much on the effects which they produce on the imagination of the patient as on any real benefit they produce.—*Gazette des Hopitaux.*

Medical Evidence.—Medical evidence should be in simple language when given before a jury. Really eminent men do not indulge in absurd technicalities, which are perfectly unintelligible to the community. The accompanying is a specimen from another class of witnesses. During a case of assault heard before Judge Falconer, the following occurred:—Surgeon exclaimed—"I found the plaintiff had a severe contusion under the left eye, great extravasation of blood under the eye, and some abrasion of the skin." Judge—"You mean that he had a bad black eye." Surgeon—"Yes."—*London Lancet.*

Voltaire's Brain.—The French Academy has received a proposition which caused them much surprise. M. Verdier, the grand-nephew of one of the surgeons who embalmed Velpeau, became by inheritance possessor of the brain of the patriarch of Ferney, which was preserved by his grand-uncle. M. Verdier wished to make a present to the illustrious assembly of the brain from which, in the last century, a complete philosophical revolution emanated. But the Academy found itself under the necessity of declining M. Verdier's offer, on the ground that it possessed no *réliquaire* on which it could place this unlooked-for deposit. —*Idem.*

MARRIED,—At Longwood, 30 ult., Dr. Joseph J. Clark, of St. Louis, to Miss Mary E., daughter of the late Dr. Samuel Mulliken, of Dorchester.—At Hingham, 30 ult., Josiah Bowen, M.D., to Mrs. Lucretia Stearns of Billerica.—At Suffield, Conn., Dr. E. P. Alden, of Hoosic, N. Y., to Miss Martha Ann Andrews.

Deaths in Boston for the week ending Saturday noon, December 4th, 82. Males, 38—Females, 44.—Apoplexy, 1—inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 1—cancer, 1—consumption, 18—croup, 6—diarrhœa, 1—dropsy, 5—dropsy in the head, 3—infantile diseases, 6—typhoid fever, 3—scarlet fever, 5—homicide, 1—disease of the heart, 2—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—congestion of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 1—palsy, 1—rheumatism, 1—suffocation, 2—scalds, 2—teething, 3—tumor, 1—unknown, 1—whooping cough, 2.

Under 5 years, 37—between 5 and 20 years, 5—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 60—Ireland, 19—other places, 3.